MORROW MEMORIAL HOME/AGED, INC

331 SOUTH WATER STREET

SPARTA 54656 Phone: (608) 269-3168 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 111 Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 111 105 Average Daily Census: Number of Residents on 12/31/02:

\* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care No | Primary Diagnosis % | Age Groups % | Less Than 1 Year No | ----- | 1 - 4 Years Supp. Home Care-Personal Care Supp. Home Care-Household Services Yes| Developmental Disabilities 1.0 | Under 65 4.8 | More Than 4 Years No | Mental Illness (Org./Psy) 14.3 | 65 - 74 8.6 | Day Services Respite Care No | Mental Illness (Other) 1.0 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 No | Mental Illness (Other) 1.0 | 75 - 84 32.4 | Adult Day Care 46.7 | \* 7.6 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals Yes| Cancer 1.0 | 3.8 No | Fractures 100.0 | (12/31/02) Home Delivered Meals 41.9 | 65 & Over 95.2 |------No | Cardiovascular Other Meals 7.6 | ------ | RNs Yes| Cerebrovascular Yes| Diabetes Transportation 5.7 | Sex % | LPNs Referral Service No | Respiratory 9.5 | ----- | Nursing Assistants, Other Services Provide Day Programming for | Other Medical Conditions 14.3 | Male 25.7 | Aides, & Orderlies 54.2 ----| Mentally Ill ---- | Female 74.3 Provide Day Programming for 100.0 I Developmentally Disabled No | 100.0 | \*

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay		Family Care			Managed Care					
Level of Care	No.	00	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	oo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	3.7	158	0	0.0	0	0	0.0	0	1	1.0
Skilled Care	7	100.0	191	61	85.9	111	0	0.0	0	24	88.9	148	0	0.0	0	0	0.0	0	92	87.6
Intermediate				10	14.1	93	0	0.0	0	2	7.4	138	0	0.0	0	0	0.0	0	12	11.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		71	100.0		0	0.0		27	100.0		0	0.0		0	0.0		105	100.0

MORROW MEMORIAL HOME/AGED, INC

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Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period										
			^		% Needing	0 - 11	Total			
Percent Admissions from:		Activities of	8		sistance of	2	Number of			
Private Home/No Home Health			-	One	Or Two Staff	ī	Residents			
Private Home/With Home Health	4.9	Bathing	0.0		83.8	16.2	105			
Other Nursing Homes			18.1		68.6	13.3	105			
Acute Care Hospitals	67.1	Transferring	37.1		54.3	8.6	105			
Psych. HospMR/DD Facilities	0.0	Toilet Use	35.2		53.3	11.4	105			
Rehabilitation Hospitals	0.0	Eating	59.0		35.2	5.7	105			
Other Locations	3.7	* * * * * * * * * * * * * * * * * * *	*****	****	*****	******	*****			
Total Number of Admissions	82	Continence		%	Special Treat	ments	%			
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.9	Receiving I	Respiratory Care	9.5			
Private Home/No Home Health	27.9	Occ/Freq. Incontinen	t of Bladder	45.7	Receiving 5	Tracheostomy Care	0.0			
Private Home/With Home Health	8.1	Occ/Freq. Incontinent	t of Bowel	8.6	Receiving S	Suctioning	0.0			
Other Nursing Homes	3.5				Receiving (	Ostomy Care	2.9			
Acute Care Hospitals	10.5	Mobility			Receiving 5	Tube Feeding	1.0			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.0	Receiving N	Mechanically Altered Diets	28.6			
Rehabilitation Hospitals	0.0									
Other Locations	1.2	Skin Care			Other Resider	nt Characteristics				
Deaths	48.8	With Pressure Sores		1.9	Have Advanc	ce Directives	99.0			
Total Number of Discharges		With Rashes		2.9	Medications					
(Including Deaths)	86				Receiving 1	Psychoactive Drugs	30.5			

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Ownership:			Size:	Licensure:				
	This	Non	profit	100	-199	Ski	lled	All		
	Facility	acility Peer Group		Peer Group		Peer Group		Facilities		
	%	90	Ratio	%	Ratio	%	Ratio	%	Ratio	
	0.6.4	0.6. 5		00.4	1 15	0.0	1 10	0.51	1 10	
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	86.5	1.11	82.4	1.17	83.3	1.16	85.1	1.13	
Current Residents from In-County	81.9	79.3	1.03	79.0	1.04	75.8	1.08	76.6	1.07	
Admissions from In-County, Still Residing	34.1	23.9	1.43	21.3	1.60	22.0	1.55	20.3	1.68	
Admissions/Average Daily Census	76.6	107.3	0.71	130.4	0.59	118.1	0.65	133.4	0.57	
Discharges/Average Daily Census	80.4	110.2	0.73	132.8	0.61	120.6	0.67	135.3	0.59	
Discharges To Private Residence/Average Daily Census	29.0	41.6	0.70	58.2	0.50	49.9	0.58	56.6	0.51	
Residents Receiving Skilled Care	88.6	93.2	0.95	93.4	0.95	93.5	0.95	86.3	1.03	
Residents Aged 65 and Older	95.2	95.7	0.99	94.2	1.01	93.8	1.02	87.7	1.09	
Title 19 (Medicaid) Funded Residents	67.6	69.2	0.98	73.9	0.91	70.5	0.96	67.5	1.00	
Private Pay Funded Residents	25.7	22.6	1.14	17.0	1.51	19.3	1.33	21.0	1.22	
Developmentally Disabled Residents	1.0	0.6	1.50	0.8	1.27	0.7	1.32	7.1	0.13	
Mentally Ill Residents	15.2	35.9	0.42	34.5	0.44	37.7	0.40	33.3	0.46	
General Medical Service Residents	14.3	18.1	0.79	19.0	0.75	18.1	0.79	20.5	0.70	
Impaired ADL (Mean)	40.8	48.7	0.84	48.0	0.85	47.5	0.86	49.3	0.83	
Psychological Problems	30.5	52.0	0.59	51.4	0.59	52.9	0.58	54.0	0.56	
Nursing Care Required (Mean)	5.8	6.8	0.86	6.8	0.86	6.8	0.86	7.2	0.81	